

1. Introduction and background

Non-surgical oncology (NSO) is the treatment of cancer patients using systemic anti-cancer drugs (commonly known as chemotherapy) and radiotherapy. cross West Yorkshire where there are approximately 15,000 people newly diagnosed with cancer each year and 47,500 courses of chemotherapy were delivered in 2022/23.

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West Yorkshire & Harrogate (WY&H) is unusual as we have a model employing Medical Oncologists in District General Hospital (DGH) Cancer Unit. This is unlike all other systems in England where the Cancer Centre (in our case Leeds) employs all Oncologists who then visit the DGH Cancer Units to provide care.

In 2021 The Cancer Alliance was commissioned by the West Yorkshire Association of Acute Trusts (WYAAT) to undertake a piece of work to review NSO chemotherapy and acute oncology services in WY&H. This followed an extensive period of mutual aid from across West Yorkshire and beyond to maintain the NSO services at Mid Yorkshire Teaching Trust (MYTT) due to a significant reduction in its medical oncologist workforce and a protracted inability to recruit staff.

Demand for services is also continuing to increase across West Yorkshire, in line with the national position, due to the increase in cancer diagnoses, increases in treatment options becoming available and cancer patients living for longer and so accessing more care.

WY&HCA worked with patients, the clinical workforce and Professor Sir Mike Richards (previously DoH/ NHSE National Cancer Director) to co-design a suite of fundamental principles and characteristics of a future state NSO service and then to outline a delivery model which is consistent with those principles.

The review provided six high-level recommendations for future service delivery:

1. That NSO outpatient and chemotherapy delivery for the four main cancers (Breast, Lung, Colorectal and Prostate) continued to be delivered at local units to support care closer to home.
2. That options to repatriate simple chemotherapy for intermediate and some rarer cancers from Leeds to local cancer units were taken (such as for renal or melanoma cancers)
3. That access to research trials be enhanced in local cancer units rather than patients having to travel to Leeds to access.

4. That each hospital in WY&H have in place robust 24-hour helpline access for patients that are acutely unwell with complications of their current treatment, supported by an appropriately developed non-medical acute oncology workforce.
5. That all appropriate options for skill mix were taken to utilise the wider workforce in patient care, such as Advanced and Consultant practitioners in Nursing, Pharmacy and wider AHP roles.
6. That most patients who required acute care would continue to be seen by their local acute oncology teams and be admitted locally for care when required. For a very small number of patients who required more complex care (estimated at 2-10 per week per sector), they would be admitted to Leeds Teaching Hospital (LTHT) St James site in the North Sector (covering Harrogate, Airedale/ Craven, Bradford and Leeds) and Calderdale Hospital Foundation (CHFT) Huddersfield Royal Infirmary (HRI) site in the South Sector (covering Mid Yorkshire, Calderdale and Huddersfield). During the last 4 years the Mid Yorkshire in-patients have been admitted to Leeds as there is no on-site medical oncologist supported beds due to the staffing position.

Having secured WYAAT approval to proceed to develop detailed target operating models for each sector based on the six recommendations above, a programme of public engagement was commissioned to further inform and shape this work.

2. Design of the Engagement Programme

The programme undertook a broad programme of engagement with communities across WY&H to establish if the proposals had public support and help to further refine the model.

In phase 1, an initial round of public events outlined the proposals and asked the public the following questions:

- What is important to you?
- What have we not thought of?
- How can we improve our ideas?

Sessions had a very flexible structure and attendees were encouraged to discuss any aspect of NSO services, maximising the scope of feedback received. Healthwatch Wakefield, an independent healthcare charity, were commissioned to organise this phase and facilitate each event.

A second round of engagement followed. The purpose of the second phase was to ensure that the engagement programme had reached all demographics within WY&H and that there was quantitative data on public sentiment around the proposals. The design of this was informed from findings in phase 1.

Phase one of public engagement

Phase one, ran from June to October 2023. Seven face-to-face meetings in community venues were held in Leeds, Wakefield, Bradford, Birstall, Harrogate, Brighouse and Skipton, with two additional sessions held for those who preferred to meet online.

73 attendees completed the demographic data form, with approximately 25 attendees declining. The majority of those declining to complete forms were at an event at the Hamara Centre in Leeds where some attendees reported poor levels of literacy in English.

By postcode, the breakdown of attendees at phase 1 events is shown below. This sample was clearly disproportionately biased towards Leeds and Wakefield postcodes. It was also noted that none of the BD postcodes represented areas within the City of Bradford.

Table 1 – Postcode distribution of people responding to engagement programme, phase 1.

Postcode Area	Number
BD	7
HD	6
HG	1
HX	1
LS	34
WF	19
Illegible or outside WYAAT borders	5
Total	73

An analysis of the demographic data identified gaps in the following areas/protected characteristics:

- Certain geographies
- Pregnant/Breast Feeding mothers.
- LGBTQ+ community
- Gypsies and Travellers

It was also note that the engagement programme had not reached certain groups who were at higher risk of health inequalities. These included;

- Military veterans
- People in residential care and/or assisted living accommodation
- Homeless / Risk of homelessness
- Persons with drug or alcohol dependency
- Persons with a learning disability

Inclusion of these groups was a key strand of phase 2 of the engagement programme.

Phase two of public engagement

The purpose of phase 2 was to address the coverage gaps identified above, increase the total number of people we engaged with and to secure a broader coverage of postcodes across West Yorkshire.

To achieve this, we worked in partnership with existing voluntary sector groups supporting

underrepresented people and alongside this commissioned a piece of broad coverage market research. During this period the programme undertook further engagement across WY&HCA and local Trust patient panels.

Phase 2 commenced November 2023 The face-to-face events planned for this phase were:

1. MESMAC, Leeds. Trans people and gay men.
2. Karmand Centre, Bradford. Elderly men of South Asian heritage, majority of whom did not use English as their first language.
3. LeedsGATE. Gypsy and traveller community
4. Carlton Court, South Elmsall. Tenants of assisted living scheme
5. Great Horton Library, Bradford. Women from eastern Europe, majority of whom did not use English as their first language.
6. Yorkshire Cancer Community, Bradford. Majority were women of South Asian heritage, many of whom did not use English as their first language.
7. Maternity Voices Partnership. Pregnant and breast-feeding mothers. This was an online engagement.
8. 5 Towns Veterans, Featherstone. Military Veterans
9. Talking Media, learning disabled and deaf

Events 1-7 have taken place. Events with 5 Towns Veterans and Talking Media are expected to be completed by March 2024. Limited numbers of demographic data forms were collected at these events as many attendees self-reported poor literacy in English.

It was hoped to arrange an event with a partner representing those with substance dependencies or at risk of homelessness. However, discussions revealed that access to NSO services was not a high priority for these groups and an event would not attract interest or attendance. Priority areas for those they represented were mental health, drug/alcohol services, primary care and dentistry.

To expand coverage across West Yorkshire & Harrogate a market research provider was commissioned to undertake street surveys in high footfall areas of Skipton, Harrogate, Leeds, Wakefield, Huddersfield, Halifax and Bradford. The provider was required to interview a sample that was a fair representation of the make-up of the communities that the WYAAT hospitals serve including the full range of demographic and socio-economic factors.

This survey blended quantitative questions about sentiment to the proposals with more open free text questions designed to capture richer data.

The market research sample sizes at each interview location were proportionate to the population of that place in relation to the population of West Yorkshire and Harrogate. However, people interviewed did not necessarily reside at that place, recognising that people move across our region for work and..

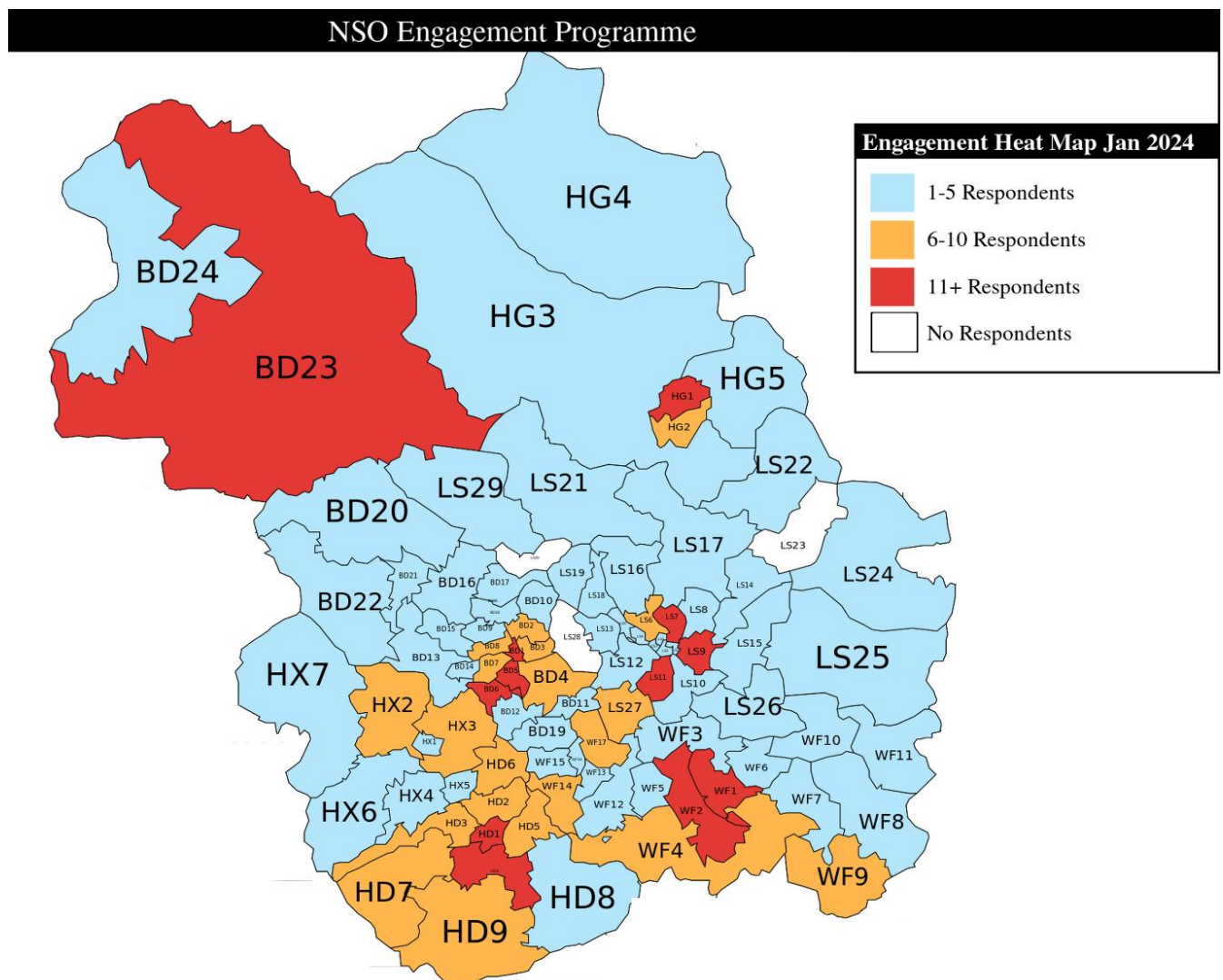
By postcode, the breakdown of people engaged with during phase 2 events is shown below and demonstrates a more even coverage than in Phase 1.

Table 2 – Postcode distribution of people responding to engagement programme, phase 2.

Postcode Area	Number
BD	142
HD	93
HG	24
HX	36
LS	112
WF	88
Illegible or outside WYAAT borders	35
Total	530

The image below is a heat map showing the numbers of people engaged with at postcode area level. The engagement has reached residents of all 90 postcode areas in WY&H barring LS20 (Guisoley), LS23 (Boston Spa) and LS28 (Pudsey).

Image 1 – Postcode Heatmap of people responding to engagement programme, end of phase 2.



A summary of the demographic engaged with is provided at Appendices [A](#) & [B](#)

3. What did we hear from the engagement process?

The first phase of engagement was a series of listening events which collected qualitative data only. All nine events identified broad support for the proposed model of care, in particular for the protection and enhancement of care close to home for common cancers. Attendees were aware that some aspects of NSO services were specialised and most indicated a willingness to travel when specialised care was required.

Key issues with existing services were highlighted by participants, in particular challenges around travel and access to primary care. The latter is outside the scope of the programme, but transport issues were noted as an area not previously a part of our programme

The second phase of engagement collected further qualitative data from harder to reach groups and both qualitative and quantitative data from a survey of 522 people conducted by a market research company. Survey Respondents were provided with statements about the proposed model and asked to advise how they felt on a positive to negative scale. Other question formats were used including open questions permitting free text responses.

We learnt that every aspect of the proposed model has support from residents in every place, with 73% of respondents felt positive or very positive about the overall package of proposals, and 6% of respondents holding a negative or very negative view. The table below summarises the quantitative questions and responses. All elements of the proposals attracted significantly higher positive than negative views/ responses.

Table 3 – Responses collected against the proposed model. 522 responders¹

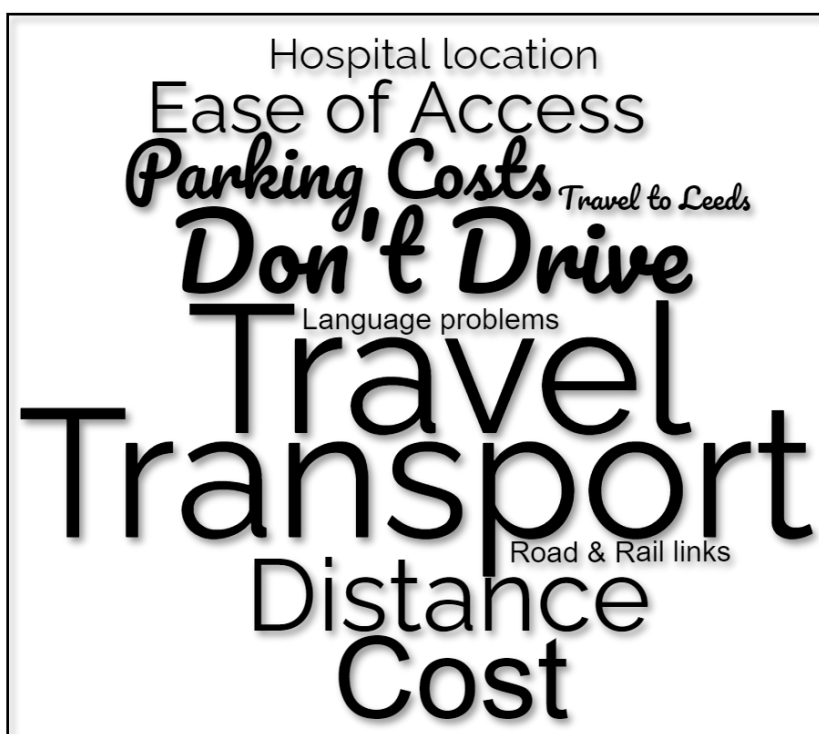
Statement	Negative	Neutral	Positive
It is important that everyone has the same fair and equal access to local healthcare services	0%	2%	98%
All hospitals in West Yorkshire and Harrogate currently offering anti-cancer drug treatments will continue to do so.	1%	6%	93%
Patients with rarer cancers who have to travel to Leeds Cancer Centre for outpatient appointments should be offered the opportunity to have their drug treatments (like chemotherapy) from their local hospital.	4%	6%	90%
Patients will be allowed to receive chemotherapy and other anti-cancer drugs outside of hospital settings, for example at GP surgeries or in mobile services, where it is safe to do so.	5%	8%	88%

¹ Not all rows add up to exactly 100% due to rounding.

Statement	Negative	Neutral	Positive
All hospitals in West Yorkshire and Harrogate with an A&E department will continue to admit and treat patients who become unwell due to side effects of treatment or their cancer becoming more advanced	4%	9%	87%
Outpatient clinics for the most common cancers will continue to be provided from each of the six hospital trusts	2%	11%	87%
Specialist inpatient beds will continue to be provided at Leeds St James and Huddersfield Royal Infirmary	3%	12%	85%
More cancer patients may have the opportunity to take part in clinical trials to test new drugs and treatments. Currently patients are able to access trials which are available at their local hospital only. Going forward it is proposed that all patients in West Yorkshire and Harrogate have equal access to clinical trials across the region.	4%	12%	84%
Outpatient clinics will be delivered by a combination of doctors and other cancer specialists such as senior nurses and pharmacists.	5%	12%	83%
Bradford Hospital will continue to provide care for most complications of cancer but patients requiring specialist inpatient care will be transferred to Leeds Cancer Centre	14%	23%	64%
Outpatient clinics for rarer cancers will continue to be delivered from the Leeds Cancer Centre only.	18%	22%	60%
Wakefield Pinderfields and Dewsbury Hospitals will provide care for most complications of cancer but patients requiring specialist inpatient care will now be transferred to Huddersfield Royal Infirmary instead of to Leeds St James	14%	27%	59%

Our survey asked the public a series of questions, including “what is important to you about how cancer care is provided”. The responses were mapped into a word cloud, see right.

Clearly, speed of service is the most important characteristic to the public. This is followed by services which are local and accessible.



To understand what other barriers to access our residents might face the survey asked people “Hypothetically, if you are a family member were to require cancer care or treatment, is there anything about the proposals that would make it difficult to access the care you would need?”

Responses made it clear that there were a range of transport challenges for our population. We know from other engagement work that these issues also present significant access barriers in the current NSO deliver model.

4. Responding to what we heard

The NSO programme has been able to collate a West Yorkshire wide level of insight into what the public think of the proposals, what is important to them and what they believe are the challenges to them in accessing in services.

We heard clear messages from the public and our initial NSO proposals have been adapted to reflect their aspirations:

- **A fast, responsive service is important**
- **Services should be accessible and provided as close to patients homes as possible.**
- **People are (generally) willing to travel beyond their local hospital but only expect to do so to receive specialised care or for an enhanced patient experience.**
- **That cost, duration and availability of transport to hospital is an issue.**
- **Patient reported that their GP often had difficulty accessing information on NSO treatments provided by hospitals.**

The proposed model already contained a number of features which would address some of these aspirations, but has been further refined to enhance or include any areas not covered.

Proposals now include:

- Reconfiguration of NSO services from six providers to two sectors will deliver more resilient services which are able to maintain consistent and **more equitable service levels** across the system.
- Consolidation of the Medical Oncology workforce will increase patient access to outpatient NSO **services closer to home**, with all acute trusts providing treatment services for the more common cancers (Breast, Bowel, Lung, Prostate).
- Wherever clinically appropriate, patients will be offered technology for remote monitoring and consultations to **reduce travel** and **improve accessibility** of the service.
- Leeds Cancer Centre will continue to be the sole provider for treatment planning for rare cancers. However, where a patient is prescribed a routine drug therapy, patients will be able to choose to receive the treatment at the unit **closest to their home** improving accessibility and **reducing travel** requirements.
- Virtual ward technology will be deployed where clinically appropriate to support patients to either **remain at home** or in the **hospital closest to their home** whilst receiving specialist consultant level support.

- Patients will be offered **anti-cancer drug therapies closer to their home** in out of hospital settings, subject to clinical factors. Options will include mobile chemotherapy bus services, treatment in community locations such as GP surgeries and oral chemotherapy in the patient's home.
- A workforce transformation programme to diversify the skill mix and increase supportive workforce roles. Transformation will enable providers to build a more robust, resilient service with increased capacity whilst maximising the skills of our consultant and advanced practice workforce.
- Expand the use of the digital workforce already in use in many of our Trusts to automate routine data processing activities. The aim of this would be to speed up processing activities such as transfer of information, generation of appointments and MDT scheduling with the aim to **release workforce time** from administrative to clinical work.
- Work with WY&H digital programmes to increase the viewability of patient records by all providing their NSO care, regardless of where in WY&H a patient resides (e.g. Yorkshire Health Care Record, Pathology LIMS programme).
- Investments to bring care closer to home (or to the home) will significantly reduce travel requirements. However, some patient journeys will still be. We will work with WYAAT partners to establish options available which will mitigate against the cost and access impact of travel on patients. Areas to be explored include:
 - Provision of pre-paid travel cards for patients qualifying for financial support for travel as an alternative to having to pay and then reclaim outlay.
 - Free or subsidised intra-hospital shuttle transport.
 - Improved signposting to travel provided by the charitable and voluntary sector, matching capacity to demand.
 - An initiative in which a trust funds a charity to transport family members to visit patients who have been admitted into hospital is being piloted.

5. Equality

To ensure the involvement process meets the requirements for equality, we worked to ensure that due regard is paid to our equality duties. Our involvement activity was designed to ensure it was appropriate to the target audience, with materials and presentation styles adjusted to ensure accessibility where necessary. Care was taken in phase 2 in particular to ensure that seldom-heard interests were engaged and supported to participate using multiple charitable and voluntary sector colleagues to facilitate events on our behalf.

An equality impact assessment will be finalised after the completion of both the engagement process and the agreement of the clinical model. Involvement activity has been equality monitored to assess the representativeness of the people involved during

the process. Throughout the engagement we have taken additional activity wherever any underrepresentation has been identified and have actively sought to engage with groups at higher risk of experiencing health inequalities and we will continue to do so throughout the programme.

6. Next Steps

Phase 2 of the NSO Public Engagement programme is substantially complete. The NSO programme equalities assessment will be updated as required and the impact assessment completed on the agreement of the final model for NSO during 2024.

The public will be informed of findings through public domain channels such as the WY&HCA website and by direct feedback to attendees or organisations, where practicable to do so. We anticipate completing this step by end of April 2024.

This report will be shared with governance bodies and workstreams of the NSO programme, and briefings provided to JHOSC/OSCs, the WY&HCA board, WYATT Committee in Common, WYICB Strategy and Transformation Boards and place-based fora. The NSO workforce will be updated through NSO Programme communication channels.

Programme governance bodies will use the outputs as a mechanism to scrutinise implementation plans from providers and ensure that programme work streams are aligned to the issues raised with an expectation that engagement activities will continue at key decision/ programme implementation points.

Appendix A

Detailed demographic breakdown of engagement programme contributors



Demographics.xlsx

Appendix B

Location Breakdown of engagement programme contributors who completed a demographic form

Event	Place	Venues	Attendees
Healthwatch Face to Face event	Airedale / Craven	Craven District Councils Offices, Belle Vue Square. Skipton BD23 1FJ	4
Market Research Survey	Airedale / Craven	High street, Skipton	32
Healthwatch Face to Face event	Bradford	The Thornbury Centre, 79 Leeds Old Rd, Bradford, BD3 8JX	2
Market Research Survey	Bradford	Kirkgate, Bradford	102
Healthwatch Face to Face event	Calderdale	Halifax Rd, Brighouse HD6 2AF	6
Market Research Survey	Calderdale	Halifax Town Centre	44
Healthwatch Face to Face event	Harrogate	Oatlands Community Centre, HG2 8DQ	2
Market Research Survey	Harrogate	Cambridge Street / Prospect Crescent / James Street, Harrogate	30
Healthwatch Face to Face event	Kirklees	Birstall Community Centre, WF17 9EN	7
Market Research Survey	Kirklees	St Johns Road and Great North Road, Huddersfield	89
Healthwatch Face to Face event	Leeds	Hamara Centre, Beeston, Leeds LS11 6RD	22
Market Research Survey	Leeds	Commercial Street and surrounding off roads, Leeds	154
Phase 2 MESMAC	Leeds	22/23 Blayds Yard, Leeds, LS1 4AD	4
Healthwatch Face to Face event	Wakefield	St Swithuns Community Centre, Eastmoor, WF1 4RR	9
Market Research Survey	Wakefield	Teall Street, Wakefield	71
Phase 2 Assisted Living	Wakefield	Carlton Court, South Elmsall, WF9 2QA	4
Healthwatch Remote Events	Zoom, one daytime, one evening	-	21
			603